

## Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF INDIANA

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

☒ Chapter 7☐ Chapter 11☐ Chapter 12☐ Chapter 13☐ Check if this is an amended filing

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Identify Yourself

## About Debtor 1:

## About Debtor 2 (Spouse Only in a Joint Case):

## 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

**Robert**

First name

**Kevin**

Middle name

Bring your picture identification to your meeting with the trustee.

**Smitha**

Last name and Suffix (Sr., Jr., II, III)

**Cathy**

First name

**Deneise**

Middle name

**Smitha**

Last name and Suffix (Sr., Jr., II, III)

## 2. All other names you have used in the last 8 years

Include your married or maiden names.

**Kevin Smitha**

**Cathy Deneise Waters**  
**Cathy Deneise Russell**  
**Cathy Russell Waters**

## 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

**xxx-xx-5330****xxx-xx-2164**

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

☒ I have not used any business name or EINs.

☒ I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

Business name(s)

EINs

EINs

**5. Where you live**

**2607 Margybeth Avenue  
 Evansville, IN 47714**

Number, Street, City, State & ZIP Code

**Vanderburgh**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
 Explain. (See 28 U.S.C. § 1408.)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
 Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?** ☐ No.  
☒ Yes.

<b>SDIN EV Chapter 13 dismissed Joint Debtor</b>			
District	When	7/19/12	Case number 12-71053
<b>SDIN EV chapter 7 discharged Joint Debtor</b>			
District	When	11/03/04	Case number 04-72292
District	When	See Attachment	Case number

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No.  
☐ Yes.

Debtor	Relationship to you
District	Case number, if known
Debtor	Relationship to you
District	Case number, if known

11. **Do you rent your residence?** ☐ No. Go to line 12.  
☒ Yes. Has your landlord obtained an eviction judgment against you?
- ☒ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

☒ No. Go to Part 4.

☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

\_\_\_\_\_  
 Name of business, if any

\_\_\_\_\_  
 Number, Street, City, State & ZIP Code

*Check the appropriate box to describe your business:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).*

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

☒ No.

☐ Yes. What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

Where is the property? \_\_\_\_\_

\_\_\_\_\_  
 Number, Street, City, State & Zip Code

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**About Debtor 1:**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**
- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

<b>16. What kind of debts do you have?</b>	16a.	<b>Are your debts primarily consumer debts?</b> <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.
	16b.	<b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.
	16c.	State the type of debts you owe that are not consumer debts or business debts  

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<b>17. Are you filing under Chapter 7?</b>  <b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b>	<input type="checkbox"/> No.  <input checked="" type="checkbox"/> Yes.	I am not filing under Chapter 7. Go to line 18.  I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>18. How many Creditors do you estimate that you owe?</b>	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
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<b>19. How much do you estimate your assets to be worth?</b>	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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<b>20. How much do you estimate your liabilities to be?</b>	<input type="checkbox"/> \$0 - \$50,000 <input checked="" type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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**Part 7: Sign Below****For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**/s/ Robert Kevin Smitha****Robert Kevin Smitha**

Signature of Debtor 1

**/s/ Cathy Deneise Smitha****Cathy Deneise Smitha**

Signature of Debtor 2

Executed on **October 9, 2019**  
MM / DD / YYYYExecuted on **October 9, 2019**  
MM / DD / YYYY

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ Kevin Kinkade**

Signature of Attorney for Debtor

Date

**October 9, 2019**

MM / DD / YYYY

**Kevin Kinkade**

Printed name

**Kinkade & Associates, P.C.**

Firm name

**123 NW 4th Street**

**Suite 201**

**Evansville, IN 47708-1709**

Number, Street, City, State & ZIP Code

Contact phone **812-434-4909**

Email address

**kinkadeassociates@hotmail.com**

**17733-82 IN**

Bar number & State

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1 **Robert Kevin Smitha**  
 First Name Middle Name Last Name

Debtor 2 **Cathy Deneise Smitha**  
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA

Case number \_\_\_\_\_  
 (if known)

☐ Check if this is an  
amended filing

**FORM 101. VOLUNTARY PETITION****Prior Bankruptcy Cases Filed Attachment**

<u>District</u>	<u>Case Number</u>	<u>Date Filed</u>
<b>SDIN EV Chapter 13 dismissed Joint Debtor</b>	<b>12-71053</b>	<b>7/19/12</b>
<b>SDIN EV chapter 7 discharged Joint Debtor</b>	<b>04-72292</b>	<b>11/03/04</b>
<b>SDIN EV chapter 7 discharge Joint Debtor</b>	<b>93-70923</b>	<b>10/12/93</b>



## Fill in this information to identify your case:

Debtor 1	<b>Robert Kevin Smitha</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Cathy Deneise Smitha</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF INDIANA		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

## Part 1: Summarize Your Assets

		Your assets Value of what you own
1. <b>Schedule A/B: Property</b> (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	0.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	2,475.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	2,475.00

## Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	0.00
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$	0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$	68,252.66
<b>Your total liabilities</b>		<b>\$ 68,252.66</b>

## Part 3: Summarize Your Income and Expenses

4. <b>Schedule I: Your Income</b> (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$	3,416.68
5. <b>Schedule J: Your Expenses</b> (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$	3,415.00

## Part 4: Answer These Questions for Administrative and Statistical Records

## 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

☒ Yes

## 7. What kind of debt do you have?

☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 4,911.22

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim
<b>From Part 4 on Schedule E/F, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. <b>Total.</b> Add lines 9a through 9f.	\$ <u>0.00</u>

**Fill in this information to identify your case and this filing:**

Debtor 1	<b>Robert Kevin Smitha</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Cathy Deneise Smitha</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF INDIANA</u>			
Case number _____			

☐ Check if this is an amended filing

## Official Form 106A/B

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

## 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
- ☐ Yes. Where is the property?

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

## 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☒ No
- ☐ Yes

## 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
- ☐ Yes

## 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=&gt;

**\$0.00****Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

## 6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
- ☒ Yes. Describe.....

**Bed, dresser, 2 night stands, 2 lamps, coffee table, end table, couch, loveseat, china hutch, linens, kitchen accessories, kitchenware, cookware, TV stand, microwave**

**\$800.00**

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

**7. Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No☒ Yes. Describe.....**TV, stereo****\$250.00****8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No☒ Yes. Describe.....**Books, pictures, household knick knacks****\$75.00****9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No☐ Yes. Describe.....**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

☒ No☐ Yes. Describe.....**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No☒ Yes. Describe.....**Used clothes****\$300.00****12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No☒ Yes. Describe.....**Mother's ring, diamond cluster ring, small diamond ring, misc costume jewelry****\$250.00****13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

☒ No☐ Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

**\$1,675.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?**

**Current value of the  
portion you own?**  
Do not deduct secured

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

claims or exemptions.

**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes.....**Cash****\$8.00****17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes.....

Institution name:

17.1. **Individual checking  
account****German American Bank****\$24.23****18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☒ No☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☐ No☒ Yes. List each account separately.

Type of account:

Institution name:

**401k****Retirement through employer for Debtor****\$0.00****ESOP****Qualified Retirement through employer for  
Joint Debtor  
(ESOP- but to participate must be employed  
for 6 years-Joint Debtor has only been at  
employer for 4 year)****\$0.00****22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes. ....

Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes.....

Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

Official Form 106A/B

Schedule A/B: Property

page 3

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them...**Money or property owed to you?**

**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.

**28. Tax refunds owed to you**☐ No☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Tax refund

2019 Federal and  
State

\$767.77

**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information.....**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information..**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☐ No☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund  
value:Life insurance through employer for  
Joint Debtor

Debtor

\$0.00

Life insurance through Joint Debtor  
employer for dependents

Joint Debtor

\$0.00

Life insurance through Joint Debtor  
employer for Debtor

Joint Debtor

\$0.00

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No  
☐ Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples: Accidents, employment disputes, insurance claims, or rights to sue*

- ☒ No  
☐ Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- ☒ No  
☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

- ☒ No  
☐ Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....****\$800.00****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**

- ☒ No. Go to Part 6.  
☐ Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**

If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

*Examples: Season tickets, country club membership*

- ☒ No  
☐ Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....****\$0.00**

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

**Part 8:** List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 .....		<b>\$0.00</b>
56. Part 2: Total vehicles, line 5	<b>\$0.00</b>	
57. Part 3: Total personal and household items, line 15	<b>\$1,675.00</b>	
58. Part 4: Total financial assets, line 36	<b>\$800.00</b>	
59. Part 5: Total business-related property, line 45	<b>\$0.00</b>	
60. Part 6: Total farm- and fishing-related property, line 52	<b>\$0.00</b>	
61. Part 7: Total other property not listed, line 54	<b>\$0.00</b>	
	+	
62. Total personal property. Add lines 56 through 61...	<b>\$2,475.00</b>	Copy personal property total <b>\$2,475.00</b>
63. Total of all property on Schedule A/B. Add line 55 + line 62		<b>\$2,475.00</b>



**Fill in this information to identify your case:**

Debtor 1	<b>Robert Kevin Smitha</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Cathy Deneise Smitha</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF INDIANA		
Case number (if known)			

☐ Check if this is an amended filing
**Official Form 106C****Schedule C: The Property You Claim as Exempt****4/19**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Bed, dresser, 2 night stands, 2 lamps, coffee table, end table, couch, loveseat, china hutch, linens, kitchen accessories, kitchenware, cookware, TV stand, microwave</b> Line from <i>Schedule A/B</i> : 6.1	<b>\$800.00</b>	<input checked="" type="checkbox"/> <b>\$800.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
<b>TV, stereo</b> Line from <i>Schedule A/B</i> : 7.1	<b>\$250.00</b>	<input checked="" type="checkbox"/> <b>\$250.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
<b>Books, pictures, household knick knacks</b> Line from <i>Schedule A/B</i> : 8.1	<b>\$75.00</b>	<input checked="" type="checkbox"/> <b>\$75.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
<b>Used clothes</b> Line from <i>Schedule A/B</i> : 11.1	<b>\$300.00</b>	<input checked="" type="checkbox"/> <b>\$300.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
<b>Mother's ring, diamond cluster ring, small diamond ring, misc costume jewelry</b> Line from <i>Schedule A/B</i> : 12.1	<b>\$250.00</b>	<input checked="" type="checkbox"/> <b>\$250.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Cash</b> Line from Schedule A/B: <b>16.1</b>	<b>\$8.00</b>	<input checked="" type="checkbox"/> <b>\$8.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ind. Code § 34-55-10-2(c)(3)</b>
<b>Individual checking account: German American Bank</b> Line from Schedule A/B: <b>17.1</b>	<b>\$24.23</b>	<input checked="" type="checkbox"/> <b>\$24.23</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ind. Code § 34-55-10-2(c)(3)</b>
<b>2019 Federal and State: Tax refund</b> Line from Schedule A/B: <b>28.1</b>	<b>\$767.77</b>	<input checked="" type="checkbox"/> <b>\$767.77</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ind. Code § 34-55-10-2(c)(3)</b>

3. **Are you claiming a homestead exemption of more than \$170,350?**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

**Fill in this information to identify your case:**

Debtor 1	<b>Robert Kevin Smitha</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Cathy Deneise Smitha</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF INDIANA		
Case number			
(if known)			

☐ Check if this is an amended filing

**Official Form 106D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☒ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

**Fill in this information to identify your case:**

Debtor 1	<b>Robert Kevin Smitha</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Cathy Deneise Smitha</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>SOUTHERN DISTRICT OF INDIANA</b>		
Case number (if known)			

☐ Check if this is an amended filing
**Official Form 106E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**
☐ No. Go to Part 2.

☒ Yes.
**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	<b>Indiana Department Of Revenue</b> Priority Creditor's Name <b>Bankruptcy Section</b> <b>100 Senate Drive Room N240</b> <b>Indianapolis, IN 46204-2217</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$0.00</b>	<b>\$0.00</b>
	When was the debt incurred?	<b>prior to filing</b>		
	As of the date you file, the claim is: Check all that apply			
	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Disputed			
	<b>Type of PRIORITY unsecured claim:</b>			
	<input type="checkbox"/> Domestic support obligations			
	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government			
	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
	<input type="checkbox"/> Other. Specify _____			
	<b>any potential claim</b>			

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

2.2	<b>IRS</b> Priority Creditor's Name <b>PO Box 7346</b> <b>Philadelphia, PA 19101</b> Number Street City State Zip Code	Last 4 digits of account number _____	\$0.00	\$0.00	\$0.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>When was the debt incurred?</b> <u>prior to filing</u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	<b>any potential claim</b>		

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	<b>American Family Ins Co</b> Nonpriority Creditor's Name <b>900 E 96th St Suite 100</b> <b>Indianapolis, IN 46240</b> Number Street City State Zip Code	Last 4 digits of account number <u>0250</u>	Total claim	\$4,264.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>When was the debt incurred?</b> <u>prior to filing</u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>uninsured MVA</u> <u>49k051201sc000250</u>		

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

4.2

**Anatomic Laboratory Of The Tri State**

Nonpriority Creditor's Name

**PO Box 3079****Evansville, IN 47731**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$45.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

4.3

**AT&T**

Nonpriority Creditor's Name

**Attn: Bankruptcy Dept.****2612 N Roan St****Johnson City, TN 37601-1708**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$330.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify past due utility

4.4

**AT&T U Verse**

Nonpriority Creditor's Name

**PO Box 5093****Carol Stream, IL 60197**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$715.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify past due utility

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

4.5

**Bank One, Indiana, NA**

Nonpriority Creditor's Name

**NDBA JP Morgan Chase**  
**111 Monument Circle Ste 971**  
**Indianapolis, IN 46277**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify collections notice only

4.6

**Capital One Bank USA NA**

Nonpriority Creditor's Name

**15075 Capital One Drive 2nd Floor**  
**Richmond, VA 23238**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4883**\$680.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify credit card

4.7

**Charter Cable**

Nonpriority Creditor's Name

**12405 Powerscourt**  
**St Louis, MO 63131**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$200.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify past due utility

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

4.8

**Charter Communications**

Nonpriority Creditor's Name  
**12405 Powerscourt Drive**  
**Saint Louis, MO 63131**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$301.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify past due utility

4.9

**Citi Bank/Plus**

Nonpriority Creditor's Name  
**701 E 60th Street N**  
**Sioux Falls, SD 57117**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$800.00**When was the debt incurred? piror to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify credit card

4.1  
0**Citibank South Dakota N.A.**

Nonpriority Creditor's Name  
**701 East 60th St N**  
**Sioux Falls, SD 57104**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$500.00**When was the debt incurred? piror to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify credit card



Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

4.1  
1**City Of Evansville/Parks & Recreation**

Nonpriority Creditor's Name  
**1 Nw Martin Luther King Jr.Blvd  
 Room 20  
 Evansville, IN 47708**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
 Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify notice only

4.1  
2**Credit One Bank**

Nonpriority Creditor's Name  
**PO Box 98873  
 Las Vegas, NV 89119**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
 Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number 2632**\$1,177.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify credit card ending 5425  
 82d071805cc002632

4.1  
3**Cutaneous & Maxillofacial Pathology Lab**

Nonpriority Creditor's Name  
**9292 N Meridian Street Suite 210  
 Indianapolis, IN 46260**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
 Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$108.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

4.1  
4**Deaconess Hospital**

Nonpriority Creditor's Name

**PO Box 152  
Evansville, IN 47701-0152**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$2,865.00**When was the debt incurred? **prior to filing**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **medical**

4.1  
5**Deaconess Women's Anesthesia**

Nonpriority Creditor's Name

**PO Box 1230  
Evansville, IN**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$430.00**When was the debt incurred? **prior to filing**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **medical**

4.1  
6**Deaconess Womens Hospital**

Nonpriority Creditor's Name

**4199 Gateway Blvd  
Newburgh, IN 47630**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**When was the debt incurred? **prior to filing**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **medical**

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

4.1  
7**Dental Associates Of Evansville**

Nonpriority Creditor's Name

**7855 State Rd 66  
Newburgh, IN 47630**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$94.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

4.1  
8**Diamond Valley Federal Credit Union**

Nonpriority Creditor's Name

**840 Diamond Ave  
Evansville, IN 47711**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$737.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify bank fees

4.1  
9**Direct TV**

Nonpriority Creditor's Name

**PO Box 5008  
Carol Stream, IL 60197**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$361.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify past due utility

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

4.2  
0**Direct TV**

Last 4 digits of account number \_\_\_\_\_

**\$150.00**

Nonpriority Creditor's Name

**PO Box 5008**When was the debt incurred? **prior to filing****Carol Stream, IL 60197**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify **past due utility**4.2  
1**Dollar General Corp.**

Last 4 digits of account number \_\_\_\_\_

**\$69.00**

Nonpriority Creditor's Name

**100 Mission Ridge**When was the debt incurred? **prior to filing****Goodlettsville, TN 37072**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☒ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify **collections**4.2  
2**Emergency Prof Of Indiana PC**

Last 4 digits of account number \_\_\_\_\_

**\$818.00**

Nonpriority Creditor's Name

**PO Box 740023**When was the debt incurred? **prior to filing****Cincinnati, OH 45274**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Contingent☒ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify **medical**

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

4.2  
3**Emergency Prof Of Indiana PC**

Last 4 digits of account number \_\_\_\_\_

**\$699.00**

Nonpriority Creditor's Name

**PO Box 740023**When was the debt incurred? **prior to filing****Cincinnati, OH 45274**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Contingent☒ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify **medical**4.2  
4**ERS Management LLC**Last 4 digits of account number **1765****\$2,591.00**

Nonpriority Creditor's Name

**One Mulberry Place**When was the debt incurred? **prior to filing****Evansville, IN 47713**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☒ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify **past due rent/damages**  
**82d071802sc001765**4.2  
5**ERS Management LLC**Last 4 digits of account number **8293****\$7,183.01**

Nonpriority Creditor's Name

**One Mulberry Place**When was the debt incurred? **prior to filing****Evansville, IN 47713**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify **past due rent/damages**  
**82d061509sc008293**

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

4.2  
6**Evansville Radiology PC**

Nonpriority Creditor's Name

**350 W Columbia St Ste 420  
Evansville, IN 47710**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$45.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

4.2  
7**Evansville Surgical Associates**

Nonpriority Creditor's Name

**PO Box 23250  
Evansville, IN 47724**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$135.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

4.2  
8**Evansville Water & Sewer Utility**

Nonpriority Creditor's Name

**1 NW Martin Luther King Blvd  
Room 104  
Evansville, IN 47708**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$350.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify past due utility

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

4.2  
9**EVSC**

Nonpriority Creditor's Name

**951 Walnut St  
Evansville, IN 47713**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **4961****\$600.00**When was the debt incurred? **prior to filing**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **school fees  
82d011806sc004961**4.3  
0**Fifth Third Bank**

Nonpriority Creditor's Name

**20 NW 3rd Street  
Evansville, IN 47708**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$60.00**When was the debt incurred? **prior to filing**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **bank fees**4.3  
1**Fingerhut**

Nonpriority Creditor's Name

**6250 Ridgewood Road  
Saint Cloud, MN 56303**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$146.00**When was the debt incurred? **prior to filing**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **credit card**

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

4.3  
2

**Gary Arrigo**

Nonpriority Creditor's Name

**6946 Sweet Gum Court  
Evansville, IN 47710**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify pending insurance claim

4.3  
3

**German American Bancorp**

Nonpriority Creditor's Name

**PO Box 810  
Jasper, IN 47547**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$300.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify bank fees

4.3  
4

**Heritage Federal Credit Union**

Nonpriority Creditor's Name

**PO Box 189  
Newburgh, IN 47630**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$426.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify bank fees



Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

4.3  
5**HSBC Card Services**

Last 4 digits of account number \_\_\_\_\_

**\$888.00**

Nonpriority Creditor's Name

**PO Box 80084**When was the debt incurred? **prior to filing****Salinas, CA 93912**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Contingent☒ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify **credit card**4.3  
6**Insight Communications**

Last 4 digits of account number \_\_\_\_\_

**\$217.00**

Nonpriority Creditor's Name

**c/o TWC**When was the debt incurred? **prior to filing****104 S Woodburn Drive****Dothan, AL 36305**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Contingent☒ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify **past due utility**4.3  
7**Insight Communications**

Last 4 digits of account number \_\_\_\_\_

**\$200.00**

Nonpriority Creditor's Name

**c/o TWC**When was the debt incurred? **prior to filing****104 S Woodburn Drive****Dothan, AL 36305**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify **past due utility**

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

4.3  
8**Integra Bank**

Last 4 digits of account number \_\_\_\_\_

**\$1,800.00**

Nonpriority Creditor's Name

**dba Old National Bank**  
**PO Box 867**  
**Evansville, IN 47705**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify bank fees4.3  
9**Majic LLC**

Last 4 digits of account number \_\_\_\_\_

**\$2,100.00**

Nonpriority Creditor's Name

**One Mulberry Place**  
**Evansville, IN 47713**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify past due rent/damages4.4  
0**Medical & Professional Collection Svc.**Last 4 digits of account number 2781**\$645.00**

Nonpriority Creditor's Name

**5055 Newburgh Plaza South**  
**Newburgh, IN 47630**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify medical  
82d061204sc2781

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

4.4  
1**Montgomery Ward**

Nonpriority Creditor's Name

**1112 7th Avenue  
Monroe, WI 53566**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$620.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify credit card4.4  
2**Ohio Valley Pathologists**

Nonpriority Creditor's Name

**600 Mary St #1148  
Evansville, IN 47747**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$85.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify medical4.4  
3**Oral Surg Group Of Eville Inc.**

Nonpriority Creditor's Name

**550 W. Virginia St  
Evansville, IN 47710-1614**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$95.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify medical

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

4.4  
4**Premier Video**

Last 4 digits of account number \_\_\_\_\_

**\$100.00**

Nonpriority Creditor's Name

**c/o Hoosier Account Services**  
**PO Box 4007**  
**Evansville, IN 47724**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred?

prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify collections4.4  
5**Progressive Leasing**

Last 4 digits of account number \_\_\_\_\_

**\$1,000.00**

Nonpriority Creditor's Name

**256 West Data Drive**  
**Draper, UT 84020**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred?

prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify defaulted lease4.4  
6**Ray of Smiles Family Dentistry**

Last 4 digits of account number \_\_\_\_\_

**\$175.00**

Nonpriority Creditor's Name

**2038 Lincoln Ave**  
**Evansville, IN 47714**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred?

prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify medical

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

4.4  
7**Salute**

Last 4 digits of account number \_\_\_\_\_

**\$636.00**

Nonpriority Creditor's Name

**PO Box 105555****Atlanta, GA 30348**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **prior to filing**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **credit card**4.4  
8**Sears Credit Card Services**

Last 4 digits of account number \_\_\_\_\_

**\$800.00**

Nonpriority Creditor's Name

**PO Box 6286****Sioux Falls, SD 57104**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **prior to filing**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **credit card**4.4  
9**Seventh Avenue**

Last 4 digits of account number \_\_\_\_\_

**\$460.00**

Nonpriority Creditor's Name

**1112 7th Avenue****Monroe, WI 53566-1364**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **prior to filing**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **credit card**

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

4.5  
0**Spectrum**

Last 4 digits of account number \_\_\_\_\_

**\$625.00**

Nonpriority Creditor's Name

**fdba Time Warner Cable-SWO  
Division****104 South Woodburn Dr  
Dothan, AL 36305**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

prior to filing

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify past due utility4.5  
1**Spectrum**

Last 4 digits of account number \_\_\_\_\_

**\$400.00**

Nonpriority Creditor's Name

**fdba Time Warner Cable-SWO  
Division****104 South Woodburn Dr  
Dothan, AL 36305**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

prior to filing

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify past due utility4.5  
2**SPN Nurse Practitioner**

Last 4 digits of account number \_\_\_\_\_

**\$223.00**

Nonpriority Creditor's Name

**c/o MPCS  
5055 Newburgh Plaza Drive  
Newburgh, IN 47630**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

prior to filing

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify medical

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

4.5  
3**Springleaf Finance Management Corp.**

Nonpriority Creditor's Name

**Fdba American General Finance**  
**PO Box 3212**  
**Evansville, IN 47731**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
 Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number 2111 **\$10,149.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify mortgage foreclosure 82d031104mf02111

4.5  
4**Sprint**

Nonpriority Creditor's Name

**6391 Sprint Pkwy**  
**Overland Park, KS 66251**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
 Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_ **\$1,119.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify past due utility

4.5  
5**St. Mary's Convenient Care &**

Nonpriority Creditor's Name

**Occupational Medicine**  
**801 St. Mary's Dr Ste 406E**  
**Evansville, IN 47714**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
 Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_ **\$86.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

4.5  
6**St. Mary's Medical Center**

Nonpriority Creditor's Name

**3700 Washington Ave  
Evansville, IN 47714**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$955.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify medical4.5  
7**St. Vincent Evansville**

Nonpriority Creditor's Name

**3700 Washington Ave  
Evansville, IN 47714**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$1,780.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify medical4.5  
8**St. Vincent Medical Group  
Evansville**

Nonpriority Creditor's Name

**PO Box 14000  
Belfast, ME 04915**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$170.65**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify medical



Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

4.5  
9**Town & Country Ford**

Last 4 digits of account number \_\_\_\_\_

**\$10,000.00**

Nonpriority Creditor's Name

**7800 East Lloyd Expressway  
Evansville, IN 47711**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify purchase

4.6  
0**TriState Family Dental Center**

Last 4 digits of account number \_\_\_\_\_

**\$95.00**

Nonpriority Creditor's Name

**800 N 1st Avenue  
Evansville, IN 47710**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

4.6  
1**Vectren Energy Delivery**

Last 4 digits of account number \_\_\_\_\_

**\$867.00**

Nonpriority Creditor's Name

**Attn Sharon Armstrong  
PO Box 209  
Evansville, IN 47702**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify past due utility

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

4.6  
2**Vectren Energy Delivery**

Last 4 digits of account number \_\_\_\_\_

**\$856.00**

Nonpriority Creditor's Name

**Attn Sharon Armstrong**  
**PO Box 209**  
**Evansville, IN 47702**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred?

prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify past due utility4.6  
3**Verizon Wireless Bk Department**

Last 4 digits of account number \_\_\_\_\_

**\$1,198.00**

Nonpriority Creditor's Name

**500 Technology Dr #550**  
**Saint Charles, MO 63304**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred?

prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify past due utility4.6  
4**Welborn Memorial Baptist Hospital**Last 4 digits of account number **3347****\$0.00**

Nonpriority Creditor's Name

**c/o Terrell Baugh Salmon and Born**  
**700 S Green River Road #2000**  
**Evansville, IN 47715**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred?

prior to filing

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **collections**  
**82d069204sc03347**  
notice only

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

4.6  
5**Women's Health Care, PC/Susan Leinenbach**

Nonpriority Creditor's Name

**4199 Gateway Blvd Ste 2450  
Newburgh, IN 47630-8967**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$100.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify medical4.6  
6**Wow Internet & Cable Billing**

Nonpriority Creditor's Name

**PO Box 4350****Carol Stream, IL 60197**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$1,347.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify past due utility4.6  
7**Wow Internet & Cable Billing**

Nonpriority Creditor's Name

**PO Box 4350****Carol Stream, IL 60197**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$1,178.00**When was the debt incurred? prior to filing

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify past due utility

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

4.6  
8**YMCA**

Last 4 digits of account number \_\_\_\_\_

**\$104.00**

Nonpriority Creditor's Name

**222 NW 6th St  
Evansville, IN 47708**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

**prior to filing**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **gym fee****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Account Resolution Service  
1643 Harrison Parkway Suite 100  
Sunrise, FL 33323**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Account Resolution Service  
1643 Harrison Parkway Suite 100  
Sunrise, FL 33323**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**AFNI  
1310 Martin Luther King Drive  
Bloomington, IL 61702**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**AFNI  
1310 Martin Luther King Drive  
Bloomington, IL 61702**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**AFNI  
1310 Martin Luther King Drive  
Bloomington, IL 61702**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**AFNI  
1310 Martin Luther King Drive  
Bloomington, IL 61702**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Akron Billing  
3585 Ridge Park Dr  
Akron, OH 44333**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

**Akron Billing**  
**3585 Ridge Park Dr**  
**Akron, OH 44333**

Line **4.23** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Alcoa Billing Center**  
**3429 Regal Dr**  
**Alcoa, TN 37701-3265**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Alcoa Billing Center**  
**3429 Regal Dr**  
**Alcoa, TN 37701-3265**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Allied Collection Service Inc.**  
**3080 S Durango Dr Ste 208**  
**Las Vegas, NV 89117**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.54** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Amcol Systems**  
**111 Lancewood Rd**  
**Columbia, SC 29210**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.56** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**American Profit Recovery**  
**34505 W 12 Mile Rd Ste 333**  
**Farmington Hills, MI 48331**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**ARS Account Resolution**  
**1643 NW 136th Avenue Suite 100**  
**Sunrise, FL 33323**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Bleecker, Brodey & Andrews**  
**9247 N Meridian St Ste 101**  
**Indianapolis, IN 46260**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.53** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Blitt & Gaines, PC**  
**661 Glenn Ave**  
**Wheeling, IL 60090**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Buehler Law Group**  
**9650 Commerce Dr Ste 512**  
**Carmel, IN 46030**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Business Revenue Systems, Inc.**  
**PO Box 13077**  
**Des Moines, IA 50310-0077**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Capital One**  
**Attn: Bankruptcy Dept.**  
**PO Box 30285**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

**Salt Lake City, UT 84130**

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Cash Pro**  
**101 Plaza East Blvd Ste 100**  
**Evansville, IN 47715**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.34** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Cash Pro**  
**101 Plaza East Blvd Ste 100**  
**Evansville, IN 47715**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.42** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**CBE Group**  
**1309 Technology Pkwy**  
**Cedar Falls, IA 50613**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Collection Associates ndba RMP**  
**PO Box 20508**  
**Indianapolis, IN 46220-0508**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Collection Associates ndba RMP**  
**PO Box 20508**  
**Indianapolis, IN 46220-0508**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Commonwealth Finance**  
**245 Main St**  
**Dickson City, PA 18519**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Commonwealth Finance**  
**245 Main St**  
**Dickson City, PA 18519**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Complete Billing Services**  
**517 US Hwy 31 North**  
**Greenwood, IN 46142**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Complete Billing Services**  
**517 US Hwy 31 North**  
**Greenwood, IN 46142**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Convergent Outsourcing Inc**  
**800 SW 39th Street**  
**Renton, WA 98057**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.54** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Cox Law Office**  
**108 N W Martin Luther King Jr Blvd**  
**Evansville, IN 47708**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.29** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

Name and Address

**Credence Resource Management**  
**PO Box 2300**  
**Southgate, MI 48195**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Credence Resource Management**  
**PO Box 2300**  
**Southgate, MI 48195**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Credence Resource Management**  
**LLC**  
**PO Box 2238**  
**Southgate, MI 48195-4238**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Credit Bureau System Of**  
**Owensboro**  
**PO Box 1479**  
**Owensboro, KY 42302**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Credit Management**  
**6080 Tennyson Pkwy Ste 100**  
**Plano, TX 75024**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.66** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Credit Management**  
**6080 Tennyson Pkwy Ste 100**  
**Plano, TX 75024**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.67** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Credit Protection Association**  
**13355 Noel Rd Ste 2100**  
**Dallas, TX 75240**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Deaconess Health System**  
**PO Box 1230**  
**Evansville, IN 47706-1230**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Deaconess Single Billing**  
**Deaconess Single Billing (EPIC)**  
**PO Box 1230**  
**Evansville, IN 47706**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Dean Floyd**  
**6031 Chinkapin Drive**  
**Columbus, IN 47201**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Direct Merchants Bank**  
**PO Box 5241**  
**Carol Stream, IL 60197-5250**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_



Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known)

Name and Address  
**Diversified Consultants, Inc.**  
**PO Box 551268**  
**Jacksonville, FL 32255**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Diversified Consultants, Inc.**  
**PO Box 551268**  
**Jacksonville, FL 32255**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Dynamic Recovery Solutions**  
**PO Box 25759**  
**Greenville, SC 29616**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Dynamic Recovery Solutions**  
**PO Box 25759**  
**Greenville, SC 29616**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Emergency Professional of Indiana, PC**  
**Attn: Billing**  
**PO Box 1123**  
**Minneapolis, MN 55440-1123**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Emergency Professional of Indiana, PC**  
**Attn: Billing**  
**PO Box 1123**  
**Minneapolis, MN 55440-1123**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Enhanced Recovery Company LLC**  
**8014 Bayberry Rd**  
**Jacksonville, FL 32256-7412**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.54** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**EPI Finance Group, LLC**  
**517 US Highway 31 N**  
**Greenwood, IN 46142-3932**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**ERC**  
**8014 Bayberry Road**  
**Jacksonville, FL 32256**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**ERC**  
**8014 Bayberry Road**  
**Jacksonville, FL 32256**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Fingerhut Credit Freshstart**  
**6250 Ridgewood Road**  
**Saint Cloud, MN 56302**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number



Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

Name and Address

**Franklin Collection Service**  
**PO Box 3910**  
**Tupelo, MS 38803**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Global Receivables Solutions, Inc.**  
**2703 N Hwy 75**  
**Sherman, TX 75090**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.61** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Global Receivables Solutions, Inc.**  
**2703 N Hwy 75**  
**Sherman, TX 75090**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.62** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Harvard Collection Service**  
**4839 N Elston Ave**  
**Chicago, IL 60630-2534**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.54** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Hoosier Accounts Service**  
**PO Box 4007**  
**Evansville, IN 47724-0007**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Hoosier Accounts Service**  
**PO Box 4007**  
**Evansville, IN 47724-0007**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Hoosier Accounts Service**  
**PO Box 4007**  
**Evansville, IN 47724-0007**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Hoosier Accounts Service**  
**PO Box 4007**  
**Evansville, IN 47724-0007**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.56** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Hoosier Accounts Service**  
**PO Box 4007**  
**Evansville, IN 47724-0007**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.68** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Hoosier Accounts Service**  
**PO Box 4007**  
**Evansville, IN 47724-0007**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.43** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**HRRG**  
**PO Box 459080**  
**Sunrise, FL 33345**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**HRRG**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

**PO Box 459080**  
**Sunrise, FL 33345**

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**IC System, Inc.**  
**PO Box 64437**  
**St. Paul, MN 55164-0437**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.50** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**IC System, Inc.**  
**PO Box 64437**  
**St. Paul, MN 55164-0437**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.51** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**IC System, Inc.**  
**PO Box 64437**  
**St. Paul, MN 55164-0437**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**IC System, Inc.**  
**PO Box 64437**  
**St. Paul, MN 55164-0437**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Jefferson Capital Systems, LLC**  
**PO Box 7999**  
**Saint Cloud, MN 56302-9617**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.63** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Kahn, Dees, Donovan & Kahn**  
**PO Box 3646**  
**Evansville, IN 47735-3646**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**LVNV Funding LLC**  
**c/o Resurgent Capital Services**  
**PO Box 10587**  
**Greenville, SC 29603-0587**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Med 1 Solutions**  
**517 US Hwy 31 N**  
**Greenwood, IN 46142**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Med 1 Solutions**  
**517 US Hwy 31 N**  
**Greenwood, IN 46142**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Med 1 Solutions**  
**517 US Hwy 31 N**  
**Greenwood, IN 46142**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.56** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Medical & Professional Collection**  
**Svc.**  
**5055 Newburgh Plaza South**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

**Newburgh, IN 47630**

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Medical & Professional Collection  
 Svc.  
 5055 Newburgh Plaza South  
 Newburgh, IN 47630**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.52** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Medical & Professional Collection  
 Svc.  
 5055 Newburgh Plaza South  
 Newburgh, IN 47630**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.56** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Medical & Professional Collection  
 Svc.  
 5055 Newburgh Plaza South  
 Newburgh, IN 47630**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.60** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Medical & Professional Collection  
 Svc.  
 5055 Newburgh Plaza South  
 Newburgh, IN 47630**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.55** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Midland Funding LLC  
 320 E Big Beaver Rd Ste 300  
 Troy, MI 48083-1271**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.47** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**MiraMed Revenue Group LLC  
 360 E 22nd Street  
 Lombard, IL 60148**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**MiraMed Revenue Group LLC  
 360 E 22nd Street  
 Lombard, IL 60148**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**National Recovery Agency  
 2491 Paxton St  
 Harrisburg, PA 17111**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.61** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**National Recovery Agency  
 2491 Paxton St  
 Harrisburg, PA 17111**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.62** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Office Of The United States Attorney  
 Southern District of Indiana  
 10 West Market Street, Ste 2100  
 Indianapolis, IN 46204**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.2** of (Check one):☒ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

**Phoenix Financial Services LLC**  
**8902 Otis Ave Ste 103A**  
**Indianapolis, IN 46216**

Line **4.22** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Phoenix Financial Services LLC**  
**8902 Otis Ave Ste 103A**  
**Indianapolis, IN 46216**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Pinnacle LLC**  
**PO Box 10497**  
**Greenville, SC 29603**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.63** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Portfolio Recovery Associates, LLC**  
**120 Corporate Blvd Ste 100**  
**Norfolk, VA 23502**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Progressive Leasing**  
**256 West Data Drive**  
**Draper, UT 84020**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.45** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**R1 Medical Financial Solutions**  
**PO Box 50871**  
**Kalamazoo, MI 49005**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.56** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**R1 Medical Financial Solutions**  
**PO Box 50871**  
**Kalamazoo, MI 49005**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.57** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Radius Global Solutions**  
**PO Box 390846**  
**Minneapolis, MN 55439-0846**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Receivables Management Partners**  
**Fdba Collection Associates**  
**PO Box 349**  
**Greensburg, IN 47240-8217**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Receivables Performance**  
**Management LLC**  
**20816 44th Ave West**  
**Lynnwood, WA 98036**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Recoveries**  
**c/o Charter Communications**  
**12238 Silicon Dr Suite 129**  
**San Antonio, TX 78249**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

**Recoveries**  
**c/o Charter Communications**  
**12238 Silicon Dr Suite 129**  
**San Antonio, TX 78249**

Line **4.8** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Reliant Family Dental**  
**4827 David Lant Dr Ste G**  
**Evansville, IN 47715**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Republic Bank**  
**c/o EPI Finance Group**  
**517 US Highway 31 North**  
**Greenwood, IN 46142**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Resurgent Capital Services**  
**PO Box 10587**  
**Greenville, SC 29603-0587**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.63** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Rev 1 Solutions**  
**517 US Hwy 31 N**  
**Greenwood, IN 46142**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**RPM**  
**20816 44th Ave W**  
**Lynnwood, WA 98036**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**RPM**  
**20816 44th Ave W**  
**Lynnwood, WA 98036**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Source Receivables Management**  
**4615 Dundas Dr Ste 102**  
**Greensboro, NC 27407**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.61** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Source Receivables Management**  
**4615 Dundas Dr Ste 102**  
**Greensboro, NC 27407**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.62** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**St. Mary's**  
**7109 Reliable Parkway**  
**Chicago, IL 60686**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.56** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**St. Vincent Hospital Evansville**  
**3700 Washington Avenue**  
**Evansville, IN 47750**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.56** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**St. Vincent Physician Business**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.56** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

**Services**

**2001 W 86th Street**  
**Indianapolis, IN 46260**

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**St. Vincent Urgent Care**  
**PO Box 3444**  
**Evansville, IN 47733-3444**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.55** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**State Farm Insurance**  
**PO Box 661022**  
**Dallas, TX 75266**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**State Farm Mutual Automobile**  
**One State Farm Plaza**  
**Bloomington, IL 61710**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Sunrise Credit Services, Inc.**  
**PO Box 9168**  
**Farmingdale, NY 11735-9168**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**SW Credit System Inc**  
**4120 International Parkway #1110**  
**Carrollton, TX 75007**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Team Health/ Akron Billing Center**  
**3585 Ridge Park Drive**  
**Akron, OH 44333**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Team Health/ Akron Billing Center**  
**3585 Ridge Park Drive**  
**Akron, OH 44333**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Terrell Baugh Salmon & Born LLP**  
**700 S Green River Rd Ste 2000**  
**Evansville, IN 47715**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.64** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**The Women's Hospital**  
**4199 Gateway Blvd**  
**Newburgh, IN 47630**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**The Women's Hospital Provider**  
**Svcs**  
**PO Box 637272**  
**Cincinnati, OH 45263**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Total Card**  
**5109 S. Broadband Lane**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.63** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims



Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

**Sioux Falls, SD 57108**

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Trident Asset Management**  
**10375 Old Alabama Connector Rd**  
**#303**  
**Alpharetta, GA 30022**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.63** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Trident Asset Management**  
**10375 Old Alabama Connector Rd**  
**#303**  
**Alpharetta, GA 30022**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Trimble & Jewell**  
**706 Court Street**  
**Evansville, IN 47706**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Urban Trust Bank**  
**5991 South Goldenrod Rd**  
**Orlando, FL 32822**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.47** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**US Dept. of Justice/US Attorney**  
**General**  
**950 Pennsylvania Avenue, NW**  
**Washington, DC 20530-0001**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.2** of (Check one):☒ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Weltman, Weinberg & Reis Co. LPA**  
**525 Vine St Ste 800**  
**Cincinnati, OH 45202-3122**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**West Asset Management**  
**PO Box 4332**  
**Houston, TX 77210**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.61** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**West Asset Management**  
**PO Box 4332**  
**Houston, TX 77210**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.62** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Western Alliance Bank**  
**PO Box 927830**  
**San Diego, CA 92192**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.56** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1			Total Claim	
6a.	Domestic support obligations	6a.	\$	<b>0.00</b>
6b.	Taxes and certain other debts you owe the government	6b.	\$	<b>0.00</b>

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

	6c. <b>Claims for death or personal injury while you were intoxicated</b>	6c. \$ <u>0.00</u>
	6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d. \$ <u>0.00</u>
	6e. <b>Total Priority.</b> Add lines 6a through 6d.	6e. \$ <u>0.00</u>
Total claims from Part 2	6f. <b>Student loans</b>	6f. \$ <u>0.00</u>
	6g. <b>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b>	6g. \$ <u>0.00</u>
	6h. <b>Debts to pension or profit-sharing plans, and other similar debts</b>	6h. \$ <u>0.00</u>
	6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <u>68,252.66</u>
	6j. <b>Total Nonpriority.</b> Add lines 6f through 6i.	6j. \$ <u>68,252.66</u>



**Fill in this information to identify your case:**

Debtor 1	<b>Robert Kevin Smitha</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Cathy Deneise Smitha</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF INDIANA		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

## 1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

## 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.2	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.3	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.4	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.5	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	

**Fill in this information to identify your case:**

Debtor 1	<b>Robert Kevin Smitha</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Cathy Deneise Smitha</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF INDIANA</u>			
Case number _____ (if known)			

☐ Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

**1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No  
☐ Yes

**2. Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

**3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

**3.1**

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

**3.2**

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 Robert Kevin SmithaDebtor 2 Cathy Deneise Smitha

(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANACase number  
(If known) \_\_\_\_\_

Check if this is:

☐ An amended filing☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY \_\_\_\_\_

## Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment****1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status****Debtor 1**☒ Employed☐ Not employed**Occupation**Welder/Production**Employer's name**Sky Cylinder Testing**Employer's address**2220 Lexington Road  
Evansville, IN 47719**Debtor 2 or non-filing spouse**☒ Employed☐ Not employedDeli ManagerHouchens Industries700 Church Street  
Bowling Green, KY 42102**How long employed there?**4 years4 years**Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1	For Debtor 2 or non-filing spouse
2.	<b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>2,297.88</u>	\$ <u>2,579.20</u>
3.	<b>Estimate and list monthly overtime pay.</b>	+\$ <u>0.00</u>	+\$ <u>0.00</u>
4.	<b>Calculate gross income.</b> Add line 2 + line 3.	\$ <u>2,297.88</u>	\$ <u>2,579.20</u>

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ <b>2,297.88</b>	\$ <b>2,579.20</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>395.79</b>	\$ <b>367.12</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>0.00</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>91.91</b>	\$ <b>0.00</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>605.58</b>
5e. Insurance	5e. \$ <b>0.00</b>	\$ <b>0.00</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>0.00</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>0.00</b>
5h. Other deductions. Specify:	5h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>487.70</b>	\$ <b>972.70</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>1,810.18</b>	\$ <b>1,606.50</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>0.00</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>0.00</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>0.00</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>0.00</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ <b>0.00</b>	\$ <b>0.00</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>0.00</b>
8h. Other monthly income. Specify:	8h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>0.00</b>	\$ <b>0.00</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>1,810.18</b> + \$ <b>1,606.50</b>	= \$ <b>3,416.68</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$	<b>0.00</b>
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$	<b>3,416.68</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain:		

**Combined monthly income**

Fill in this information to identify your case:

Debtor 1 Robert Kevin Smitha

Debtor 2 Cathy Deneise Smitha  
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA

Case number  
(If known) \_\_\_\_\_

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

## Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Your Household

## 1. Is this a joint case?

☐ No. Go to line 2.☒ Yes. Does Debtor 2 live in a separate household?☒ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes.

Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Son

20

☐ No☒ Yes☐ No☐ Yes☐ No☐ Yes☐ No☐ Yes

## 3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No☐ Yes

## Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

## 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 750.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 20.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 65.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

## 5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

6. **Utilities:**
- |  |        |               |
|--|--------|---------------|
| 6a. Electricity, heat, natural gas                                 | 6a. \$ | <u>270.00</u> |
| 6b. Water, sewer, garbage collection                               | 6b. \$ | <u>70.00</u>  |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | <u>265.00</u> |
| 6d. Other. Specify: _____  | 6d. \$ | <u>0.00</u>   |
7. **Food and housekeeping supplies** 7. \$ 650.00
8. **Childcare and children's education costs** 8. \$ 0.00
9. **Clothing, laundry, and dry cleaning** 9. \$ 200.00
10. **Personal care products and services** 10. \$ 125.00
11. **Medical and dental expenses** 11. \$ 200.00
12. **Transportation.** Include gas, maintenance, bus or train fare.  
Do not include car payments. 12. \$ 375.00
13. **Entertainment, clubs, recreation, newspapers, magazines, and books** 13. \$ 100.00
14. **Charitable contributions and religious donations** 14. \$ 25.00
15. **Insurance.**  
Do not include insurance deducted from your pay or included in lines 4 or 20.
- |                                      |         |               |
|--------------------------------------|---------|---------------|
| 15a. Life insurance                  | 15a. \$ | <u>0.00</u>   |
| 15b. Health insurance                | 15b. \$ | <u>0.00</u>   |
| 15c. Vehicle insurance               | 15c. \$ | <u>100.00</u> |
| 15d. Other insurance. Specify: _____ | 15d. \$ | <u>0.00</u>   |
16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.  
Specify: \_\_\_\_\_ 16. \$ 0.00
17. **Installment or lease payments:**
- |   |         |               |
|---|---------|---------------|
| 17a. Car payments for Vehicle 1                         | 17a. \$ | <u>0.00</u>   |
| 17b. Car payments for Vehicle 2                         | 17b. \$ | <u>0.00</u>   |
| 17c. Other. Specify: <u>Anticipated vehicle payment</u> | 17c. \$ | <u>200.00</u> |
| 17d. Other. Specify: _____                              | 17d. \$ | <u>0.00</u>   |
18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).** 18. \$ 0.00
19. **Other payments you make to support others who do not live with you.** \$ 0.00  
Specify: \_\_\_\_\_ 19. \_\_\_\_\_
20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**
- |   |         |             |
|---|---------|-------------|
| 20a. Mortgages on other property                  | 20a. \$ | <u>0.00</u> |
| 20b. Real estate taxes                            | 20b. \$ | <u>0.00</u> |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ | <u>0.00</u> |
| 20d. Maintenance, repair, and upkeep expenses     | 20d. \$ | <u>0.00</u> |
| 20e. Homeowner's association or condominium dues  | 20e. \$ | <u>0.00</u> |
21. **Other:** Specify: \_\_\_\_\_ 21. +\$ 0.00
22. **Calculate your monthly expenses**
- |  |    |                 |
|--|----|-----------------|
| 22a. Add lines 4 through 21.   | \$ | <u>3,415.00</u> |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ |                 |
| 22c. Add line 22a and 22b. The result is your monthly expenses.                      | \$ | <u>3,415.00</u> |
23. **Calculate your monthly net income.**
- |   |          |                 |
|---|----------|-----------------|
| 23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.                                      | 23a. \$  | <u>3,416.68</u> |
| 23b. Copy your monthly expenses from line 22c above.  | 23b. -\$ | <u>3,415.00</u> |
| 23c. Subtract your monthly expenses from your monthly income.<br>The result is your <i>monthly net income</i> . | 23c. \$  | <u>1.68</u>     |
24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**  
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?
- ☒ No.
- ☐ Yes.

Explain here: **Above reflect anticipated expenses for rental and utilities as the property they rent currently is to be sold by owner's family; Son works and provides for own upkeep and does not contribute towards household expense. Lastly, Debtors are using a vehicle from a friend until they can purchase a replacement vehicle.**

**Fill in this information to identify your case:**

Debtor 1 **Robert Kevin Smitha**  
First Name Middle Name Last Name

Debtor 2 **Cathy Deneise Smitha**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Robert Kevin Smitha

**Robert Kevin Smitha**  
 Signature of Debtor 1

Date October 9, 2019

X /s/ Cathy Deneise Smitha

**Cathy Deneise Smitha**  
 Signature of Debtor 2

Date October 9, 2019

**Fill in this information to identify your case:**

Debtor 1 **Robert Kevin Smitha**  
First Name Middle Name Last Name

Debtor 2 **Cathy Deneise Smitha**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF INDIANA**

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

**Official Form 107****Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before****1. What is your current marital status?**

- ☒ Married  
☐ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☐ No  
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Address:	Dates Debtor 2 lived there
<b>5308 N St Joseph Avenue Evansville, IN 47720</b>	From-To: <b>9/15 to 6/17</b>	<input type="checkbox"/> Same as Debtor 1 <b>1162 Vann Avenue Evansville, IN 47714</b>	<input type="checkbox"/> Same as Debtor 1 From-To: <b>11/15 to 6/17</b>
<b>2017 Pollack Avenue Evansville, IN 47714</b>	From-To: <b>6/17 to 5/18</b>	<input checked="" type="checkbox"/> Same as Debtor 1	<input checked="" type="checkbox"/> Same as Debtor 1 From-To:
<b>1122 Hatfield Drive Evansville, IN 47714</b>	From-To: <b>5/18 to 10/18</b>	<input checked="" type="checkbox"/> Same as Debtor 1	<input checked="" type="checkbox"/> Same as Debtor 1 From-To:

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)**

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).



Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

**Part 2 Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No

☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	\$21,940.50	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	\$22,857.31
For last calendar year: (January 1 to December 31, 2018 )	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	\$23,782.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	\$24,024.00
For the calendar year before that: (January 1 to December 31, 2017 )	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	\$18,681.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	\$24,035.00

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2018 )	Federal Income Tax Refund	\$260.00	Federal Income Tax Refund	\$499.00
	State Income Tax Refund	\$173.00	State Income Tax Liability (- \$21)	\$0.00
For the calendar year before that: (January 1 to December 31, 2017 )	Federal Income Tax Refund	\$0.00	Federal Income Tax Refund	\$3,163.00
	State Income Tax Refund	\$6.00	State Income Tax Refund	\$266.00

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

- ☐ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
-----------------------------	------------------	-------------------	----------------------	--------------------------

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No  
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No  
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No  
☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
<b>Midland Funding v Robert Smitha 82d071805cc002632</b>	<b>civil claim</b>	<b>Vanderburgh Superior Court Courts Bldg, Civic Center Complex 825 Sycamore Street Evansville, IN 47708</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded  <b>judgment</b>

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known)

Case title Case number	Nature of the case	Court or agency	Status of the case
<b>ERS Management v Robert Smitha et al</b> <b>82d061509sc008293</b>	small claim	<b>Vanderburgh Superior Court</b> <b>Courts Bldg, Civic Center Complex</b> <b>825 Sycamore Street</b> <b>Evansville, IN 47708</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded <b>judgment</b>
<b>ERS Management v Cathy Waters et al</b> <b>82d071802sc001765</b>	small claim	<b>Vanderburgh Superior Court</b> <b>Courts Bldg, Civic Center Complex</b> <b>825 Sycamore Street</b> <b>Evansville, IN 47708</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded <b>judgment</b>
<b>EVSC v Cathy Waters</b> <b>82d011806sc004961</b>	small claim	<b>Vanderburgh Superior Court</b> <b>Courts Bldg, Civic Center Complex</b> <b>825 Sycamore Street</b> <b>Evansville, IN 47708</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded <b>judgment</b>
<b>Springleaf Financial v Cathy Waters et al</b> <b>82d031104mf02111</b>	mortgage foreclosure	<b>Vanderburgh Superior Court</b> <b>Courts Bldg, Civic Center Complex</b> <b>825 Sycamore Street</b> <b>Evansville, IN 47708</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded <b>judgment</b>
<b>Medical &amp; Professional Collection Service v Cathy Russell</b> <b>82d061204sc02781</b>	small claim	<b>Vanderburgh Superior Court</b> <b>Courts Bldg, Civic Center Complex</b> <b>825 Sycamore Street</b> <b>Evansville, IN 47708</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded <b>judgment</b>
<b>Welborn Memorial Baptist Hospital v Cathy Russell et al</b> <b>82d069204sc03347</b>	small claim	<b>Vanderburgh Superior Court</b> <b>Courts Bldg, Civic Center Complex</b> <b>825 Sycamore Street</b> <b>Evansville, IN 47708</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded <b>judgment</b>
<b>American Family Insurance v Cathy Waters</b> <b>49k051201sc000250</b>	small claim	<b>Marion County Small Claims Court</b> <b>Pike Division</b> <b>5665 Lafayette Road #B</b> <b>Indianapolis, IN 46254</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded <b>judgment</b>

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

- ☐ No. Go to line 11.  
☒ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
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Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

Creditor Name and Address	Describe the Property	Date	Value of the property
ERS Management LLC One Mulberry Place Evansville, IN 47713	Explain what happened <b>past due rent/damages 82d061509sc008293</b>  <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input checked="" type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.	prior to filing	\$0.00

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No  
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No  
☐ Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No  
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No  
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

#### Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No  
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .		

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known)

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  
 Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No  
☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Kinkade & Associates, P.C. 123 NW 4th Street Suite 201 Evansville, IN 47708-1709 kinkadeassociates@hotmail.com	Attorney Fees	10/4/19	\$1,065.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
 Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
 Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
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19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
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**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
 Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known)

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No  
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No  
☒ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Nick Strader 11411 Copperline Road Evansville, IN 47712	2607 Margybeth Avenue Evansville, IN 47714	2006 Lexus	Unknown

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- ☒ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☒ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☒ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No  
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☒ No. None of the above applies. Go to Part 12.  
☐ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No  
☐ Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Robert Kevin Smitha  
 Robert Kevin Smitha  
 Signature of Debtor 1

/s/ Cathy Deneise Smitha  
 Cathy Deneise Smitha  
 Signature of Debtor 2

Date October 9, 2019

Date October 9, 2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No  
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No  
☐ Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

**Fill in this information to identify your case:**

Debtor 1 **Robert Kevin Smitha**  
 First Name Middle Name Last Name

Debtor 2 **Cathy Deneise Smitha**  
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA

Case number \_\_\_\_\_  
 (if known)

☐ Check if this is an amended filing

## Official Form 108

# Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☒ creditors have claims secured by your property, or
- ☒ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

**Part 1: List Your Creditors Who Have Secured Claims**

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No  <input type="checkbox"/> Yes
Description of property securing debt:		
Creditor's name:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No  <input type="checkbox"/> Yes
Description of property securing debt:		
Creditor's name:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No  <input type="checkbox"/> Yes
Description of property securing debt:		
Creditor's name:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No  <input type="checkbox"/> Yes
Description of property securing debt:		
Creditor's name:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No  <input type="checkbox"/> Yes
Description of property securing debt:		



Debtor 1 **Robert Kevin Smitha**  
 Debtor 2 **Cathy Deneise Smitha**

Case number (if known) \_\_\_\_\_

name:

☐ Retain the property and redeem it.

☐ Yes

Description of  
property

☐ Retain the property and enter into a  
Reaffirmation Agreement.

securing debt:

☐ Retain the property and [explain]:  
\_\_\_\_\_

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases**

**Will the lease be assumed?**

Lessor's name:

☐ No

Description of leased

Property:

☐ Yes

Lessor's name:

☐ No

Description of leased

Property:

☐ Yes

Lessor's name:

☐ No

Description of leased

Property:

☐ Yes

Lessor's name:

☐ No

Description of leased

Property:

☐ Yes

Lessor's name:

☐ No

Description of leased

Property:

☐ Yes

Lessor's name:

☐ No

Description of leased

Property:

☐ Yes

Lessor's name:

☐ No

Description of leased

Property:

☐ Yes

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

**X /s/ Robert Kevin Smitha**

**Robert Kevin Smitha**

Signature of Debtor 1

**X /s/ Cathy Deneise Smitha**

**Cathy Deneise Smitha**

Signature of Debtor 2

Date **October 9, 2019**

Date **October 9, 2019**

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C.  
§ 101(8) as "incurred by an individual  
primarily for a personal, family, or  
household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under  
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan  
for family farmers or  
fishermen

Chapter 13 - Voluntary repayment plan  
for individuals with regular  
income

**You should have an attorney review your  
decision to file for bankruptcy and the choice of  
chapter.**

### Chapter 7: Liquidation

\$245	filing fee
\$75	administrative fee
<u>+ \$15</u>	<u>trustee surcharge</u>
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

**Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

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**Chapter 12: Repayment plan for family farmers or fishermen**


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	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

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**Chapter 13: Repayment plan for individuals with regular income**


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	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

**Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

**Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

**Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

**Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: [http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html).

In Alabama and North Carolina, go to: <http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
**Southern District of Indiana**

In re **Robert Kevin Smitha**  
**Cathy Deneise Smitha**

Debtor(s)

Case No.

Chapter

**7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>1,065.00</b>
Prior to the filing of this statement I have received .....	\$	<b>1,065.00</b>
Balance Due .....	\$	<b>0.00</b>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtor(s) in any dischargeability actions, motions to avoid liens, or redeem, added creditors, reaffirmation agreements, relief from stay actions, contested matters or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**October 9, 2019**

*Date*

**/s/ Kevin Kinkade**

**Kevin Kinkade**

*Signature of Attorney*

**Kinkade & Associates, P.C.**

**123 NW 4th Street**

**Suite 201**

**Evansville, IN 47708-1709**

**812-434-4909 Fax: 812-434-4831**

**kinkadeassociates@hotmail.com**

*Name of law firm*

**United States Bankruptcy Court  
Southern District of Indiana**

In re **Robert Kevin Smitha  
Cathy Deneise Smitha**

Debtor(s)

Case No.

Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: **October 9, 2019**

**/s/ Robert Kevin Smitha**

**Robert Kevin Smitha**

Signature of Debtor

Date: **October 9, 2019**

**/s/ Cathy Deneise Smitha**

**Cathy Deneise Smitha**

Signature of Debtor

ACCOUNT RESOLUTION SERVICE  
1643 HARRISON PARKWAY SUITE 100  
SUNRISE, FL 33323

AFNI  
1310 MARTIN LUTHER KING DRIVE  
BLOOMINGTON, IL 61702

AKRON BILLING  
3585 RIDGE PARK DR  
AKRON, OH 44333

ALCOA BILLING CENTER  
3429 REGAL DR  
ALCOA, TN 37701-3265

ALLIED COLLECTION SERVICE INC.  
3080 S DURANGO DR STE 208  
LAS VEGAS, NV 89117

AMCOL SYSTEMS  
111 LANCEWOOD RD  
COLUMBIA, SC 29210

AMERICAN FAMILY INS CO  
900 E 96TH ST SUITE 100  
INDIANAPOLIS, IN 46240



AMERICAN PROFIT RECOVERY  
34505 W 12 MILE RD STE 333  
FARMINGTON HILLS, MI 48331

ANATOMIC LABORATORY OF THE TRI STATE  
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ARS ACCOUNT RESOLUTION  
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SUNRISE, FL 33323

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JOHNSON CITY, TN 37601-1708

AT&T U VERSE  
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CAROL STREAM, IL 60197

BANK ONE, INDIANA, NA  
NDBA JP MORGAN CHASE  
111 MONUMENT CIRCLE STE 971  
INDIANAPOLIS, IN 46277

BLEECKER, BRODEY & ANDREWS  
9247 N MERIDIAN ST STE 101  
INDIANAPOLIS, IN 46260

BLITT & GAINES, PC  
661 GLENN AVE  
WHEELING, IL 60090

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9650 COMMERCE DR STE 512  
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SALT LAKE CITY, UT 84130

CAPITAL ONE BANK USA NA  
15075 CAPITAL ONE DRIVE 2ND FLOOR  
RICHMOND, VA 23238

CASH PRO  
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EVANSVILLE, IN 47715

CBE GROUP  
1309 TECHNOLOGY PKWY  
CEDAR FALLS, IA 50613

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12405 POWERSCOURT  
ST LOUIS, MO 63131

CHARTER COMMUNICATIONS  
12405 POWERSCOURT DRIVE  
SAINT LOUIS, MO 63131

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SIOUX FALLS, SD 57117

CITIBANK SOUTH DAKOTA N.A.  
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CREDENCE RESOURCE MANAGEMENT LLC  
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OWENSBORO, KY 42302

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DEACONESS SINGLE BILLING (EPIC)  
PO BOX 1230  
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DEACONESS WOMEN'S ANESTHESIA  
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DEAN FLOYD  
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EMERGENCY PROFESSIONAL OF INDIANA, PC  
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EPI FINANCE GROUP, LLC  
517 US HIGHWAY 31 N  
GREENWOOD, IN 46142-3932

ERC  
8014 BAYBERRY ROAD  
JACKSONVILLE, FL 32256

ERS MANAGEMENT LLC  
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EVANSVILLE, IN 47713

FIFTH THIRD BANK  
20 NW 3RD STREET  
EVANSVILLE, IN 47708

FINGERHUT  
6250 RIDGEWOOD ROAD  
SAINT CLOUD, MN 56303



FINGERHUT CREDIT FRESHSTART  
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DBA OLD NATIONAL BANK  
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OCCUPATIONAL MEDICINE  
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THE WOMEN'S HOSPITAL PROVIDER SVCS  
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EVANSVILLE, IN 47711

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ALPHARETTA, GA 30022

TRIMBLE & JEWELL  
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EVANSVILLE, IN 47706

TRISTATE FAMILY DENTAL CENTER  
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EVANSVILLE, IN 47710

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5991 SOUTH GOLDENROD RD  
ORLANDO, FL 32822

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WASHINGTON, DC 20530-0001

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ATTN SHARON ARMSTRONG  
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VERIZON WIRELESS BK DEPARTMENT  
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SAINT CHARLES, MO 63304

WELBORN MEMORIAL BAPTIST HOSPITAL  
C/O TERRELL BAUGH SALMON AND BORN  
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EVANSVILLE, IN 47715

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HOUSTON, TX 77210

WESTERN ALLIANCE BANK  
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SAN DIEGO, CA 92192

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4199 GATEWAY BLVD STE 2450  
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CAROL STREAM, IL 60197

YMCA  
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